



Blood Cholesterol Screening Technique

A QUICK GUIDE
FOR SCREENERS

1. Prepare for cholesterol testing

- Create a “clean field” with a tablecloth
- Assemble all required materials; allow cassette pouches to be at room temperature for 10 minutes
- Plug Cholestech in and turn on
- Run Optics Check Cassette, record results in log then run Quality Controls, record results in log

2. Greet and reassure participants

- Greet participant and carefully explain the procedure; ask if there are any questions
- Put on gloves; remove one new test cassette from foil pouch, hold cassette by short side only; place on flat surface
- Cassette must be used within 5 minutes after opening
- Select second or third finger from participant’s non-dominant hand; if calloused, the little finger may be easier to use
- Wipe finger clean with alcohol and dry finger with a gauze pad
- Twist end of lancet; place lancet on the side or top of the finger (avoid the tip and pad of the finger)
- Remind the participant he/she will feel a pinch, then press the tip to activate the lancet
- Wipe the first drop of blood then firmly squeeze the finger (do not milk)
- Hold capillary tube horizontally and touch it to the drop of blood without touching the skin
- Fill capillary tube up to the black mark
- Clean puncture site with gauze, then give the participant gauze to cover the wound and offer a band-aid

Note: Blood pressure screening should be available to those being screened for cholesterol

3. Test blood sample

- Place collected blood onto cassette
- Keep cassette level and immediately place it into the drawer of the analyzer (wait no more than 30 seconds)
- Wait 4 minutes for sample to be processed – TC and HDL results will be displayed when processing is complete
- Press DATA to show the calculated results of ratio
- Record cholesterol reading on appropriate forms, then explain what the values mean
- Thank the participant, provide results, and follow up as necessary

4. Safely dispose of materials

- Clean up any spills with bleach disinfectant
- Dispose of all non-sharp materials, including materials with blood that is not in liquid form (gauze), into garbage bag
- Dispose of sharps, capillary tube, plunger, and used cassette into sharps container
- Prepare for next test before participant arrives at the station, and then repeat protocol



Healthy Maine Partnerships

Maine Cardiovascular Health Program
Diabetes Prevention & Control Program (DPCP)

SCREENING FOLLOW-UP, REFERRAL, AND EDUCATION

Results and Follow-up

Cholesterol	Class	Follow-up	Refer to Physician
Total < 200	Desirable	5 years	No
HDL > 40	Desirable	5 years	No
Total 200–239	Borderline	1 year (if HDL is ≥60)	1 year
		2 months	2 months
Total > 240	High	2 months	2 months
HDL < 40	High	---	2 months
Total > 400	Alert	---	ASAP

These screening guidelines are taken from the National Cholesterol Education Program, Adult Treatment Panel III Report (ATP III).

Alert Level Values were taken from the WiseWoman Program and are based on NHANES and NHLBI recommendations.

Major Risk Factors

- Male ≥ 45 years old
- Female ≥ 55 years old or premature menopause
- Family history of premature CHD
- Current smoker
- Hypertension > 140/90 or taking blood pressure medication
- Known coronary disease, peripheral vascular disease, or cerebrovascular disease
- Diabetes mellitus
- HDL cholesterol below 40 mg/dl

*An HDL cholesterol of 60 mg/dl or higher is protective

Each patient should know

- What his/her numbers are
- What he/she can do about it
 - Educate about lifestyle changes—work with patient to set a goal
 - Does he/she need to set up an appointment with a health care provider?
- Why it's important to be screened regularly
- When his/her next screening should be
- Blood pressure or cholesterol levels cannot be determined by the way he/she feels
- The consequences of chronic, uncontrolled high blood pressure and cholesterol
- He/she should not stop treatment without discussing it with a health care provider

If the individual is being referred to his/her physician, either

- Give a referral letter to the patient to be taken to the provider
- Mail a letter to the provider
- Phone the provider

Share with each patient

- Have the patient involve family members in the treatment process
- Document all referral and follow-up activities initiated as a result of the screening
- A complete cholesterol screening with LDL and triglycerides can be done by your health care provider

This resource was developed to provide guidance to persons providing community blood pressure and cholesterol screenings. It is not intended to replace appropriate training and continuing education. Please refer to the Detection and Management of High Blood Pressure Master Training Manual for a comprehensive compilation of screening guidelines, requirements and resources. The Community Screening Resource Binder is another great place to find additional education resources for those being screened as well as the screeners. Information on front was taken from the Cholesterol Screening Manual by the Maine Cholesterol Screening Task Force – Cholestech L.D.X. Procedure Book

Development of this resource was a collaborative effort of the Maine CDC's Cardiovascular Health Program and the Diabetes Prevention & Control Program with contributions from many of our partners throughout the state.

This guide will be reviewed twice a year and updated as needed. For the most up-to-date version of the guide visit <http://www.healthymainepartnerships.org/mcvhp/resources.aspx>